



## UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE  
 United States Patent and Trademark Office  
 Address: COMMISSIONER FOR PATENTS  
 P.O. Box 1450  
 Alexandria, Virginia 22313-1450  
 www.uspto.gov



Bib Data Sheet

CONFIRMATION NO. 6151

|  |   |                                   |   |   |
|--|---|-----------------------------------|---|---|
| <b>SERIAL NUMBER</b><br>10/532,021   | <b>FILING OR 371(c) DATE</b><br>01/17/2006<br><b>RULE</b>   | <b>CLASS</b><br>514               | <b>GROUP ART UNIT</b><br>1614   | <b>ATTORNEY DOCKET NO.</b><br>P-6249-US |
| <b>APPLICANTS</b><br>Elki Touitou, Jerusalem, ISRAEL;<br>Biana Godin, Jerusalem, ISRAEL;   |   |                                   |   |   |
| <b>** CONTINUING DATA *****</b><br>This application is a 371 of PCT/IL03/00876 10/23/2003<br>which claims benefit of 60/420,234 10/23/2002   |   |                                   |   |   |
| <b>** FOREIGN APPLICATIONS *****</b>   |   |                                   |   |   |
| <b>** SMALL ENTITY **</b>  |   |                                   |   |   |
| Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no<br>35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance |   | <b>STATE OR COUNTRY</b><br>ISRAEL | <b>SHEETS DRAWING</b><br>13   | <b>TOTAL CLAIMS</b><br>23               |
| Verified and Acknowledged _____<br>Examiner's Signature Initials   |   | <b>INDEPENDENT CLAIMS</b><br>3    |   |   |
| <b>ADDRESS</b><br>49443  |   |                                   |   |   |
| <b>TITLE</b><br>In vitro test for studying compound predicting pharmacologic and/or harmacokinetic and/or pharmacodynamic parameters of a compound   |   |                                   |   |   |
| <b>FILING FEE RECEIVED</b><br>640  | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                                   | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |   |